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J Clin Ultrasound. 2005 Feb;33(2):63-7.

Sonographic detection of physiologic pleural fluid in normal pregnant women.
Kocijancic I, Pusenjak S, Kocijancic K, Vldmar G.

PURPOSE: This prospective study was conducted to determine the normal incidence of a small amount of pleural fluid in healthy pregnant women on sonography. **METHODS:** Chest sonography to detect pleural fluid was performed in 47 pregnant volunteers, first with the subjects leaning on 1 elbow (the "elbow position") and then with subjects in a sitting position. A 9-12-MHz linear-array probe was used. If the result of this first examination was positive (showing a 2-mm or thicker anechoic layer), the subject was rescanned with a 3-6-MHz large-radius curved-array probe. **RESULTS:** A thin layer of fluid with a typical wedge-shaped appearance was visible in the pleural cul de sac space of 28/47 (59.5%) pregnant volunteers, on both sides in 18/47 (38.3%) and unilaterally in 10/47 (21.2%). The mean (\pm standard deviation) thickness of fluid layer (mean of measurements obtained in both positions) was 2.9 \pm 1.1 mm (range, 1.8-6.4 mm). The number of pregnant women with visible pleural fluid was the same regardless of the fetus' sex, but the difference in fluid layer thickness between the 2 groups was statistically significant (by the t-test, $p < 0.05$). A fluid layer thicker than 3 mm was easily detected with the 3-6-MHz abdominal curved-array probe in 7/47 (15%) women. **CONCLUSIONS:** Small amounts of pleural fluid can be visualized by chest sonography in healthy pregnant women. This result, if isolated, should not be taken as a sign of occult thoracic disease.

Dev Med Child Neurol. 1990 Dec;32(12):1058-60.

Incidence of inguinal hernia in children with congenital cerebral palsy.
Reimers JI, Latocha JE.

The incidence of inguinal hernia among 247 children with cerebral palsy was ascertained. During the first year of life, 20 of the 153 boys developed hernia, as did one of the 94 girls. Among boys with birthweights of 1000 to 2000g the incidence was 31 per cent, which is twice the rate for normal children. The incidence among boys with birthweights greater than 2000g was 8 per cent. A comparison group could not be found, but this incidence appears to be excessive, considering the reported normal incidence of 1 to 4 per cent in boys. The authors recommend routine examination for inguinal hernia, particularly for boys with birthweights less than 2000g and with spastic tetraplegia. Conversely, one should be alert to the possibility of concurrent spasticity in preterm males with inguinal hernia.

Eur J Echocardiogr. 2005 Jul 18; [Epub ahead of print]

What is a "NORMAL" right ventricle?
Kovalova S, Necas J, Vespalec J.

AIMS: The aim of this project was to define NORMAL values of right ventricular (RV) volumes and ejection fraction (EF) in HEALTHY POPULATION using 2D echocardiography. **METHODS AND RESULTS:** The "patient" group comprised 91 healthy volunteers aged 17-62 years. RV volumetry was based on ellipsoidal shell model method. Left ventricular (LV) volumes were assessed by Teichholz formula. All volumes were indexed per m² of BSA and the rate distribution of measured and calculated values were evaluated. The NORMAL range of individual parameters was expressed as mean value \pm 2 standard deviations (delta). A pair test was used to compare corresponding results of the RV and LV measurements. The regression analysis was used to test the relationship between LV and RV volumes and age. Indexed enddiastolic and endsystolic RV volumes were 79.1 \pm 29.9 ml and 32.6 \pm 19.7 ml, respectively, EF being 50 \pm 9.7% in men and 58 \pm 13.6% in women. No correlation with patient's age was observed. **CONCLUSION:** Enddiastolic and endsystolic volumes of RV were significantly higher than those of LV. EF of RV was lower as compare to LV. Right ventricular EF in men was lower than that in women. There was no correlation between EF and patient's age.